FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

[stamp:] FILED 95 MAY -1 AM 7:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N43525 (7)

1. Corporation Name

BRADFORD COVE MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~431 E CENTRAL BLVD SUITE 220 ORLANDO FL 32802 US~~	~~C/O FLORIDA MANAGEMENT P.O. BOX 73 ORLANDO FL 32802 US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~59 3070072~~ 59-2936261	Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2180 WEST SR 434	26 2180 WEST SR 434
Suite, Apt. #, etc: 22 SUITE 5000	Suite, Apt. #, etc: 27 SUITE 5000
City & State: 23 LONGWOOD FL	City & State: 28 LONGWOOD FL
Zip: 24 32779-5044 Country: 25 USA	Zip: 29 32779-5044 Country: 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~FLORIDA MANAGEMENT SERVICES~~	81 Name: JAMES W HART JR
~~431 E CENTRAL BLVD~~	82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC
~~ORLANDO FL 32801~~	83 2180 WEST SR 434 SUITE 5000
	84 City: LONGWOOD FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 3/23/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PAVLIS, MARY	12 NAME	
STREET ADDRESS	3914 LAKE MIRAGE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LEWIS, SANDRA	22 NAME	
STREET ADDRESS	8066 WALDORF CT	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	LUTA, ROBIN	32 NAME	
STREET ADDRESS	3804 ICKWICK DR	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	LEWIS, SANDI	42 NAME	
STREET ADDRESS	8066 WALDOLF COURT	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	~~TD~~	51 TITLE	TD ☒ Change ☐ Addition
NAME	~~GREENHUT, RICHARD~~	52 NAME	SPITALE, STEVE
STREET ADDRESS	~~7706 WICKLOW ST.~~	53 STREET ADDRESS	7900 WALDORF CT.
CITY-ST-ZIP	~~ORLANDO FL~~	54 CITY-ST-ZIP	ORLANDO FL 32817
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Mary E. Pavlis 4/25/95 678-5083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004078